

VIRGINIA WAR ORPHANS EDUCATION PROGRAM

APPLICATION TO DETERMINE ELIGIBILITY

APPLICANT INFORMATION

NAME _____ SSN _____
Last First Middle

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PLACE OF BIRTH _____ DATE OF BIRTH _____

SCHOOL LAST ATTENDED _____ YEAR COMPLETED _____

NAME OF PARENT/GUARDIAN _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

YOUR TELEPHONE NUMBER _____ PARENTS' TELEPHONE _____

MILITARY SERVICE & MILITARY INFORMATION

VETERAN _____
Last First Middle

BRANCH OF SERVICE USA () USN () USMC () USAF () USCG ()

DATES OF ACTIVE DUTY SERVICE FROM _____ TO _____

SERVICE NUMBER _____ SSN _____ VA CLAIM NUMBER _____

DATE AND CAUSE OF VETERAN'S DEATH OR PERMANENT AND TOTAL DISABILITY,
PLEASE BE SPECIFIC:

RESIDENCY AND OTHER INFORMATION

WAS THE VETERAN A CITIZEN OF VIRGINIA UPON ENTERING SERVICE? Y () N ()

WAS THE VETERAN A CITIZEN OF VIRGINIA FOR 5 CONSECUTIVE YEARS PRIOR TO THE
DATE OF THIS APPLICATION OR PRIOR TO HIS/HER DEATH? Y () N ()

WAS THE SURVIVING PARENT A CITIZEN OF VIRGINIA FOR 5 YEARS PRIOR TO MARRYING
THE VETERAN; OR A CITIZEN OF VIRGINIA FOR 5 CONSECUTIVE YEARS PRIOR TO THE
DATE OF THIS APPLICATION. Y () N ()

LIST NAMES OF ANY BROTHERS/SISTERS WHO HAVE ATTENDED COLLEGE UNDER THE
VIRGINIA WAR ORPHANS EDUCATION PROGRAM:

APPLICANT WILL ATTEND THE FOLLOWING COLLEGE/UNIVERSITY:

College/University	City/State	Begin Date
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I CERTIFY THAT THE INFORMATION CONTAINED ON THIS APPLICATION IS TRUE AND
CORRECT TO THE BEST OF MY KNOWLEDGE.

_____ Signature of Applicant	_____ Date
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FOR OFFICE USE ONLY

DEATH Y () N () PT (WTS) Y () N () POW/MIA Y () N ()

AGE Y () N () RESIDENCY Y () N () ELIGIBLE Y () N ()

IF INELIGIBLE, WHY? _____

_____ Date	_____ Claims Examiner
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